

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS (If rural, give location) <u>405 Lincoln St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Charles</u>	(Middle) <u>William</u>	(Last) <u>Boston</u>
6. SEX <u>Male</u>	5. COLOR OR RACE <u>aa</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-18-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank - Court House</u>	9. AGE last birthday <u>71</u> yrs.
13. FATHER'S NAME <u>Charles Boston</u>		11. BIRTHPLACE (State or foreign country) <u>Denton, Caroline Co., Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO. <u>215 14 3748</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Boston</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Francisca Boston - 405 Lincoln St. Denton</u>		17. INFORMANT AND ADDRESS	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma esophagus

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>Dec 12, 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Enlarged gland - Reported metastatic squamous cell carcinoma</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1950, to Jan 12, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>1-16-51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Grove Cemetery</u>	LOCATION (City, town, or county) (State) <u>Denton, Caroline Co. Md.</u>
DATE REC'D BY LOCAL REG. <u>1/15/51</u>	REGISTRAR'S SIGNATURE <u>Wm. O. Jones</u>	24. FUNERAL DIRECTOR <u>James B. Dashiell, Salisbury Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

770936



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH - COUNTY <b>Caroline</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <b>Maryland</b>		COUNTY <b>Caroline</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Federalsburg</b>		LENGTH OF STAY (in this place) <b>13 years</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Federalsburg - Rural</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>River Road</b>		STREET ADDRESS (If rural, give location) <b>River Road</b>					
3. NAME OF DECEASED (Type or Print) <b>Flossie</b>		(First)		(Middle) <b>Viola</b>		(Last) <b>English</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 31 1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		8. DATE OF BIRTH <b>February 28, 1886</b>		9. AGE last birthday <b>64 yrs.</b>	
11. BIRTHPLACE (State or foreign country) <b>Dorchester County, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13. FATHER'S NAME <b>Frank Milligan</b>		14. MOTHER'S MAIDEN NAME <b>Hattie Lord</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-12-4722</b>		17. INFORMANT AND ADDRESS <b>Mrs. Joseph Kahler, Federalsburg, Md.</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

**Coronary Thrombosis.**

INTERVAL BETWEEN ONSET AND DEATH

**57 min**

Antecedent cause(s)

(b)

**Cardio-Vascular Disease****2 1/2 hrs**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 19**50**, to **Jan 31st**, 19**51**, that I last saw the deceasedalive on **Jan 31st**, 19**51**, and that death occurred at **9:55 p.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**W. E. Sherman****M. D.****Federalsburg, Maryland****February 3, 1951**

## 23. BURIAL, CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

**Burial****Feb. 4, 1951****McKendree Cemetery****Near Rhodesdale, Maryland**

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

**February 3, 1951****S. S. Frampton****J. J. Frampton and Son, Federalsburg, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

720-826



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Marydel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Marydel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>Goldsborough</u> (Last) <u>Goldsbrough</u>	4. DATE OF DEATH	(Month) <u>1</u> (Day) <u>23</u> (Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>No Record</u>
9. AGE last birthday <u>93</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Caroline Co. Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>No Record</u>	
14. MOTHER'S MAIDEN NAME <u>No Record</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>James A. Goldsbrough Marydel, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) <u>Immediate cause</u> <u>Antecedent cause(s)</u> <u>Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(b) <u>Antecedent cause(s)</u> <u>Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c) <u>Other significant conditions</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>Oct. 25, 1950</u> , to <u>Jan. 23, 1951</u> , that I last saw the deceased alive on <u>Jan. 23, 1951</u> , and that death occurred at <u>9:30 P.M.</u> from the causes and on the date stated above.				
SIGNATURE <u>Charles H. Greenfield</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Greenboro, Md.</u>	DATE SIGNED <u>Jan 26 51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>1/27/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	LOCATION (City, town, or county) <u>Near Marydel, Md.</u>	(State) <u>Md.</u>
DATE RECD BY LOCAL REG. <u>1/27/51</u>	REGISTRAR'S SIGNATURE <u>A. G. Clark Smith</u>	24. FUNERAL DIRECTOR <u>R. B. Rawlings</u>	ADDRESS <u>Greenboro, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

820105



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <b>Caroline</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Federalburg - Rural</b> TOWN <b>Federalburg - Rural</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Bridgeville Road</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Caroline</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Federalburg - Rural</b> TOWN <b>Federalburg - Rural</b> STREET ADDRESS (If rural, give location) <b>Bridgeville Road</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>Levin</b>	(Middle) <b>Howard</b>	(Last) <b>Hubbard</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 22, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	9. AGE last birthday <b>80</b> yrs.
11. BIRTHPLACE (State or foreign country) <b>Caroline County, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Levin Hubbard</b>		14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Andrew</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Sarah E. Hubbard, Federalburg, Md.</b>			

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <b>Cerebral Hemorrhage</b>	<b>Immediately</b>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <b>Generalized Arteriosclerosis</b>	
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <b>Jan 5th</b> , 1951, to <b>Jan 20</b> , 1951, that I last saw the deceased alive on <b>Jan 20th</b> , 1951, and that death occurred at <b>5 P.</b> m., from the causes and on the date stated above.			
SIGNATURE <b>W. D. Semmon</b>		ADDRESS <b>M. D. Federalburg, Maryland</b>	
DATE SIGNED <b>Jan. 22, 1951</b>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>Jan. 23, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	LOCATION (City, town, or county) (State) <b>Near Federalburg, Md.</b>
DATE REC'D BY LOCAL REG. <b>January 23, 1951</b>	REGISTRAR'S SIGNATURE <b>J. J. Frampton</b>	24. FUNERAL DIRECTOR ADDRESS <b>J. J. Frampton and Son, Federalburg, Md.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



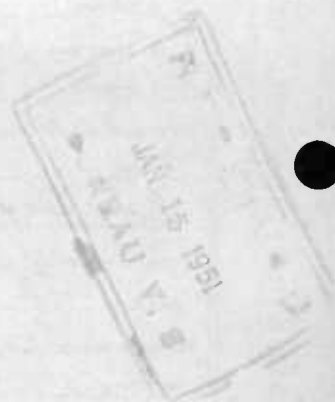




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VS A15 9.43.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH COUNTY <b>Caroline</b> CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Federalsburg - Rural</b> TOWN <b>Federalsburg - Rural</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Preston Road</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Delaware</b> COUNTY <b>New Castle</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Newark - Rural</b> TOWN <b>Newark - Rural</b> STREET ADDRESS (If rural, give location) <b>R. F. D. # 1</b>	
3. NAME OF DECEASED (Type or Print) <b>Lacie</b> (First) <b>A.</b> (Middle) <b>Norvell</b> (Last)		4. DATE OF DEATH <b>January</b> (Month) <b>20</b> (Day) <b>51</b> (Year)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 14, 1877</b>
9. AGE last birthday <b>73</b> yrs.		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (State or foreign country) <b>Amherst County, Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Wash Wood</b>		14. MOTHER'S MAIDEN NAME <b>Henrietta Hight</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Webster Norvell, Newark, Del., R.F.D.</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) **Cerebro-vascular accident**Antecedent cause(s) (b) **Arteriosclerosis**Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) **Hypertension**II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION **NONE** 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <b>NONE</b>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) <b>NONE</b>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 13 December 1950, to 20 January 1951, that I last saw the deceased alive on 20 January 1951, and that death occurred at 5:35 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*John C. Rawlins*

M. D.

Federalsburg, Maryland

January 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>Jan. 23, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Silverbrook Cemetery</b>	LOCATION (City, town, or county) <b>Wilmington, Delaware</b>	(State)
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DATE REC'D BY LOCAL REG. **January 20, 1951**REGISTRAR'S SIGNATURE *J. J. Frampton*

24. FUNERAL DIRECTOR

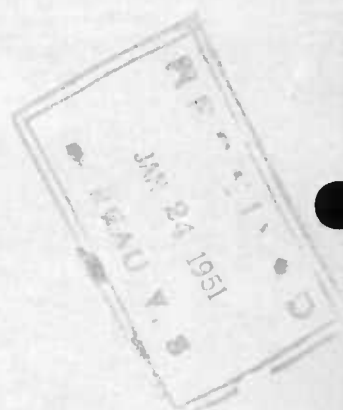
ADDRESS

**J. J. Frampton and Son, Federalsburg, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>same</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>same</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>none</u>		STREET ADDRESS (If rural, give location) <u>same</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Edward D. Venable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. II, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct. 13, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	9. AGE last birthday <u>84</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Fairmount, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Henry Venable</u>		14. MOTHER'S MAIDEN NAME <u>Elmira ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>	
17. INFORMANT AND ADDRESS <u>Mr. Roy Venable Federalsburg, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH  
10 days

93d Antecedent cause(s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

6 yrs

(c) Generalized Arteriosclerosis

15 yrs

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9/8/36, 1951, to 1/11/, 1950., that I last saw the deceased alive on 1/11/, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <u>1/14/51</u>	NAME OF CEMETERY OR CREMATORY <u>Hynson Cem. near Federalsburg, Md.</u>	LOCATION (City, town, or county) <u>Federalsburg, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>January 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Everett Nuttle, Deputy Reg.</u>	24. FUNERAL DIRECTOR <u>Harvey Williams</u>	ADDRESS <u>Federalsburg, Md.</u>	

50817



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 0341 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>40 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u> TOWN <u>Ind.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Annie</u> (First) <u>Burton</u> (Middle) <u>Wilkinson</u> (Last)		4. DATE OF DEATH <u>Jan. 4<sup>th</sup></u> (Month) (Day) (Year) <u>1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 20<sup>th</sup> 1881</u>	9. AGE last birthday <u>69</u> yrs. If under 1 year Months <u>9</u> Days <u>24</u>	If under 24 hrs. Hours <u>24</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Millsboro, Del.</u>	
13. FATHER'S NAME <u>Curtis O Burton</u>		14. MOTHER'S MAIDEN NAME <u>Alexis Hastings</u>		12. CAUSE OF DEATH <u>M.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>		17. INFORMANT AND ADDRESS <u>Burton Wilkinson, Ridgely</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia  
 Antecedent cause(s) (b) Perio. Peritoneal lympho sarcoma  
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) with metastases

INTERVAL BETWEEN ONSET AND DEATH  
72 hrs.II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

Aug. 1950 Perio. Peritoneal lympho sarcoma

## 20. AUTOPSY?

Yes ☐ No ☒ 6

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept. 1950 to Jan. 4, 1951, that I last saw the deceasedalive on Jan. 4, 1951, and that death occurred at 6:30 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>Jan. 7<sup>th</sup> 51</u>	NAME OF CEMETERY OR CREMATORY <u>Burton, Caroline</u>	LOCATION (City, town, or county) <u>Ridgely, Ind.</u>	(State) <u>Ind.</u>
DATE REC'D BY LOCAL REG. <u>1-8-51</u>	REGISTRAR'S SIGNATURE <u>Mary C. Leland</u>	24. FUNERAL DIRECTOR <u>J. Regil Moore</u>		ADDRESS <u>Saw. Newton</u>





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg</u>				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>315 Buena Vista Avenue</u>				STREET ADDRESS (If rural, give location) <u>315 Buena Vista Avenue</u>			
3. NAME OF DECEASED (Type or Print)		(First) <u>Rhoda</u>		(Middle) <u>E.</u>		(Last) <u>Wright</u>	
4. DATE OF DEATH		(Month) <u>January</u>		(Day) <u>7</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 11, 1874</u>	
9. AGE last birthday <u>76</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Caroline County, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Henry Trice</u>		14. MOTHER'S MAIDEN NAME <u>Mary Emily Jester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs. Garfield Fleetwood, Federalsburg, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>myocardial failure</u>						<u>1 wk.</u>	
Antecedent cause(s) (b) <u>generalized arteriosclerosis</u>						<u>Sys.</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/1</u> , 19 <u>50</u> , to <u>1/7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/7</u> , 19 <u>51</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Frank M. Anderson</u>				M. D. <u>Federalsburg, Maryland</u>		DATE SIGNED <u>1/9/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 10, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Concord, Md. Cemetery</u>		LOCATION (City, town, or county) (State) <u>Near Federalsburg, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>January 9, 1951</u>		REGISTRAR'S SIGNATURE <u>S. J. Frampton</u>		24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>			

MARGIN RESERVED FOR BINDING

VS. A15

